


PTO/SB/122 (10-01)
Approved for use through 10/31/2002. OMB 0851-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Assistant Commissioner for Patents Washington, D.C. 20231	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>09/973,640</td> </tr> <tr> <td>Filing Date</td> <td>10/9/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Olewine, Michael Charles</td> </tr> <tr> <td>Art Unit</td> <td>2818</td> </tr> <tr> <td>Examiner Name</td> <td>Dao H. Nguyen</td> </tr> <tr> <td>Attorney Docket Number</td> <td>US 018167</td> </tr> </table>	Application Number	09/973,640	Filing Date	10/9/2001	First Named Inventor	Olewine, Michael Charles	Art Unit	2818	Examiner Name	Dao H. Nguyen	Attorney Docket Number	US 018167
Application Number	09/973,640												
Filing Date	10/9/2001												
First Named Inventor	Olewine, Michael Charles												
Art Unit	2818												
Examiner Name	Dao H. Nguyen												
Attorney Docket Number	US 018167												

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 24738 →


24738
 PATENT TRADEMARK OFFICE

OR

☐ Firm or Individual Name

Address

Address

City State ZIP

Country

Telephone Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name **Peter Zawilski**

Signature *Peter Zawilski*

Date **22-OCT-2003**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.